

RECEIPT # \_\_\_\_\_

**There must be a minimum of 8 participants to have the clinic and a maximum 12 registrations will be accepted.**

**TROY RECREATION DEPARTMENT'S  
2006 HOCKEY GOALIE CLINIC  
JULY 15, 2006  
SATURDAY, 8:00 A.M.-4:00 P.M.**

**(SEE ATTACHED FORM FOR CLINIC SCHEDULE)**

Player's Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip)

E-Mail Address \_\_\_\_\_

Birthdate \_\_\_\_\_ (Age 6-18) Age \_\_\_\_\_

Name of School \_\_\_\_\_ Grade next Fall \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hockey experience \_\_\_\_\_

EMERGENCY CALL \_\_\_\_\_ Phone \_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_

**NOTE: LUNCH WILL BE PROVIDED**

**MANDATORY EQUIPMENT** to participate: Complete goalie equipment required.

**WAIVER AND RELEASE**

We, the undersigned, being the parents/guardians of \_\_\_\_\_, being fully aware of the dangers inherent to the sport of hockey, in consideration of the City of Troy, Hobart Arena, Troy Recreation Department, and its agents and servants, do give permission for our child to participate in the Hockey Goalie Clinic. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Hobart Arena, Troy Recreation Department, Recreation Director, the supervisory staff and instructors of the Hockey Goalie Clinic, or their agents or servants, as a result of injuries incurred by our child while participating in the Hockey Goalie Clinic.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**REGISTRATION FEE:** \_\_\_\_\_ **\$90.00**

**Refund Policy:** The Department will make program refunds only for the Following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program begins.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

## **2006 TROY RECREATION DEPARTMENT**

### **HOCKEY GOALIE CLINIC**

#### **HOBART ARENA**

<b>WHEN:</b>	Saturday, July 15	8:00-9:00 a.m.	Classroom
		9:00-9:45 a.m.	Dry Land
		10:00-12:00 p.m.	On Ice
		Lunch Break	
		1:00-1:45 p.m.	Classroom
		1:45-2:15 p.m.	Dry Land
		2:30-4:00 p.m.	On Ice

**CLINIC INCLUDES:**      **3½ HOURS OF ICE TIME**

#### **PROFESSIONAL INSTRUCTION**

#### **CLASSROOM & DRY LAND TRAINING**

**GOAL:**      The goal of the clinic is to not only teach important fundamentals to the players but to give them drills and practice techniques that they can take with them and work on throughout the season.

#### **ON ICE TRAINING:**

Basic fundamentals

Stance & Styles

Types of Saves

Use of Sticks

Controlling Rebounds

Angles

Video

#### **PLAYING THE GAME:**

Breakaway & Dekes

Wrap Around

Team Play

Game Situations 1 on 1 & 2 on 1

Puck Handling

**KEY:**      Focus on skating, mobility, and movement

**INSTRUCTOR:**      Head instructor is Rick Szabo. Rick is currently head coach of the Troy High School Team. Rick played Junior A hockey in Canada prior to playing professionally for 10 years. Rick played in the AHL, IHL, & ECHL as part of the Cincinnati Stingers and Toronto Maple Leaf organizations.